## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2004 8:00 am Secretary of State

DOCUMENT # P00000021703  1. Entity Name SPYRIDOULA, INC.					02-19-2004 90009 017 ***150.00		
Principal Place of Business C/O THE BAVARIAN COLONY 435 PLAZA REAL MIZNER PARK BOCA RATON, FL 33432		MIZNER PARK Boca Raton, FL 33432					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112004 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-1153350	}	pplied For ot Applicable	
Zìp	Country	Country Zip Co		у	5. Certificate of Status Desired S8.75 Additional Fee Required		
Name and Address of Current Registered Agent				Name / 1	7. Name and Address of N		
CHRONOPOULOS, SHARON				SHARON CHRONOPOULUS- SAME			
	A REAL #327 FON, FL 33432	Street Addres		Street Address (	(P.O. Box Number is Not Acceptable)NEW ADDRESS -		
		<u> 1140</u>		SW. 20TH ST.			
				City BOCF	RATON	FL Zip Co	786
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	registered	d office or register	red agent, or both, in the State	of Florida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of repistered agent	<del></del>	ØS Registered	Agent signature required	d when reinstaling)	2/16/04	· ·
FIL After Ma	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees		
10.	OFFICERS AND		11,	- Ax	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
TITLE NAME	PD CHRONOPOULOS, SHARON	☐ Delete	TITLE NAME		ONOPOULOS, SHAR	o√	Addition
STREET ADDRESS CITY-ST-ZIP	428 PLAZA REAL,#327				OSWQOTH ST.	NEW AD	DRESS)
TITLE	BOCA RATON, FL 33432 VPD	□ Delete	TITLE	VPI	CA RATON FL. 3:	3	Addition
NAME	CHRONOPOULOS, GEORGE		NAME	CHA	ZONOPOULOS, GEOR	GE	_ \
STREET ADDRESS CITY-ST-ZIP	428 PLAZA REAL,#327 BOCA RATON, FL 33432			TADDRESS 1140 ST-ZIP BOO	O SW 20TH ST. CA RATON FL. 33	(	2ES)
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE		AL PATON IC. J.	☐ Change	Addition
NAME STREET ADDRESS	·		NAME STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE NAME		Delete	TITLE			Change	Addition
STREET ADDRESS			NAME STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
NAME	المن المنطقة ا	Deleto ————————————————————————————————————	. ≈ TITLE : NAME	ئىي ئەسلىمەتقا سى		Change	Addition.
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZIP		☐ Delete	TITLE	ST-ZIP		Change	Addition
NAME		- Delete	NAME			المالية	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			İ
12. I hereby	L certify that the information supplied with	n this filing does not qualify for	the exen	nption stated in Sc	ection 119.07(3)(i), Florida Stat	utes. I further certify that the	information
of the co	f on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report :	as requir	ure shall have the ed by Chapter 60	same legal effect as if made u 7, Florida Statutes; and that my	nder oath; that I am an office name appears in Block 10 ////////////////////////////////////	or Block 11 if
010111		(10 - D) Do	- CL	LA PONCOH	-RANDPOULDS-PRE	x-2/15/04 50	1 392 39